



# BENSALEM TOWNSHIP

Building and Planning Department

2400 Byberry Road • Bensalem, PA 19020

Office 215-633-3644 • Fax 215-633-3753

## Uniform Construction Code (UCC) Application For Commercial Building Permits ELECTRONIC FORMAT ONLY REQUIRED

TAX PARCEL #

02-

Permit # \_\_\_\_\_

Date \_\_\_\_\_

SUBMIT APPLICATION AND PLANS ON DISC OR VIA EMAIL AT [permitcenter@bensalempa.gov](mailto:permitcenter@bensalempa.gov)

ALL PLANS ARE REQUIRED TO BE SIGNED & SEALED BY A PENNSYLVANIA LICENSED DESIGN PROFESSIONAL

<b>PART I BUILDING PERMIT</b>	Project Name: _____ Lot #: _____			
	Street Name & No.: _____ Suite #: _____			
	City: _____ State: _____ ZIP: _____			
	Project Description: _____			
<b>PART II PROJECT DATA</b>	Existing Use: _____			
	Proposed Use: _____			
	<input type="checkbox"/> New Structure/Facility	<b>ESTIMATED TOTAL COST OF ENTIRE PROJECT:</b> \$ _____		
	<input type="checkbox"/> Addition			
	<input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Both			
	<input type="checkbox"/> Alteration of Land / Regrading / Site Work <input type="checkbox"/> Other: _____			
	NEW Construction (sq. ft./floor) _____ Total Sq. Ft: _____			
	Addition (sq. ft./floor) _____ Total Sq. Ft: _____			
	Renovated (sq. ft./floor) _____ Total Sq. Ft: _____			
	Is this Application Part of an Approved Land Development or Storm Water Management Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. Bensalem Township Council Decision: _____ Date: _____				
2. Bucks County Conservation District Approval: _____ Date: _____				
<b>PART III PLUMBING</b>	TOTAL NUMBER OF FIXTURES: _____			
<b>PART IV HVAC</b>	<b>NOTE: Manufacturers specifications on HVAC units shall be submitted with application.</b>			
	TOTAL COST OF HVAC WORK: \$ _____			
<b>PART VI ELECTRICAL PERMIT</b>	<b>Service Type:</b> <input type="checkbox"/> Temporary	Amps: _____	Phase: _____	Volts: _____
	<input type="checkbox"/> New Service	Amps: _____	Phase: _____	Volts: _____
	<b>ITEM</b>	<b>QTY</b>	<b>ITEM</b>	<b>QTY</b>
	Switches, Receptacles & Lighting		Transformer KVA	
	Heating & Cooking Equipment K.W.		Motors and/or Generators HP	
	<b>TOTAL NUMBER OF METERS:</b> _____			
<b>APPLICANT CERTIFICATION</b>				
As the owner or the authorized agent of the project for which this application is filed, I certify that:				
1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.				
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been issued by the Department of Building and Planning.				
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405				
4. Any changes to the approved documents will be filed with the Department of Building and Planning.				
5. If the licensed architect or engineer in responsible charge of this construction should change, then written notice of the change shall be provided to the Department of Building and Planning.				
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expanded to provide an accessible route to the area of primary function.				
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.				

Bensalem Township Application for Building Permit		Page 2 of 2		Permit Number: _____					
<b>Applicant's Name:</b> Address: City: _____ State: _____ Zip Code: _____ Phone Number: _____ Date: _____		<b>Email Address:</b> _____ Applicant's Signature: _____							
		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>DESIGN PROFESSIONAL</b>   <b>In Responsible Charge</b> </div> <div style="width: 50%;">           Name: _____            Address: _____            City: _____ State: _____            ZIP Code: _____ Phone No. _____            License No: _____ Fax: _____            Email: _____         </div> </div>							
						<b>FIRE ALARM</b> <i>All Fire Alarms Shall Be Addressable with Point ID</i>			
Type of Fire Alarm:		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Voice <input type="checkbox"/> Monitor <input type="checkbox"/> Water Flow Only							
Initiation Devices (Smoke Detectors, Pull Stations, Etc) _____									
Notification Appliances:		_____							
Water Flow / Tamper Switches:		_____		Duct Detectors: _____					
Power Supply:		_____		Back Up Power: _____					
Auxiliary Panels:		_____		Annunciator _____					
Knox Boxes:		_____		Other: _____					
Interconnected to other systems:		_____							
Monitoring Co:		_____		Monitoring Co Phone #: _____					
<b>SPRINKLER SYSTEMS</b>									
Type of Sprinkler System:		_____							
System Design:		<input type="checkbox"/> Hydraulic <input type="checkbox"/> Pipe Schedule		_____					
Hazard and Class Type:		_____							
Number of Sprinkler Heads:		_____		In Racks <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of Risers:		_____		Number of Zones: _____					
FDC Size:		_____		"K" Factor: _____					
Interconnected to fire alarm:		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Monitoring Co:		_____		Monitoring Co Phone #: _____					
<b>STANDPIPE SYSTEMS</b>									
Type of Standpipe System:		<input type="checkbox"/> Wet <input type="checkbox"/> Dry		Class of Standpipe System: _____					
Number of Outlets:		_____		Number of Risers: _____					
Sizes of Outlets:		_____		Number of Flow/Tamper Switches: _____					
<b>FIRE HYDRANT / UNDERGROUND FIRE MAINS</b>									
Size of Fire Main:		_____		Total Length of Pipe: _____					
Number of Fire Hydrants:		_____		Size of Pipe to Hydrant: _____					
Manufacturer of Hydrants:		_____							
<b>FIRE PUMP</b>									
Type of Pump:		_____		Capacity of Pump: _____					
Make / Model:		_____		Rating of Pump: _____					
<b>All data on this sheet shall be provided on the plans. Failure to do so will result in rejection of the application.</b> <b>Approval of the plan is based on the information provided on the plans.</b>									

**CONTRACTOR'S LICENSING INFORMATION**  
**NOTIFY THIS OFFICE WHENEVER A CHANGE IN CONTRACTOR OCCURS**

	Name and Address	Township License number	Phone Number	Email address
Applicant (not owner)				
Architect				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				